

STATE OF WISCONSIN

CONSENT TO TRANSFER PROPERTY

Submit Both Copies With \$5.00 Fee
to the Wisconsin Department
of Revenue

		Date Issued by Department	
Estate of	Date of Death	Decedent's Social Security Number	
Address of Decedent at Date of Death (number and street or rural route)	City	State	Zip Code

INSTRUCTIONS: In the space provided below, enter the **description** and **Date of Death value** of the property to be transferred along with the **name** and **relationship** of the person entitled to receive the property.

The Wisconsin Department of Revenue hereby consents to the transfer of the following described **personal** property of the above-named decedent to any surviving joint tenant or to whomever may be entitled to the property by law. **NOTICE:** This consent is **VOID** if any property description is entered below the authorized signature stamp.

■

RETURN MAILING ADDRESS - Print or type below

Name

Address

City

State

Zip Code

For Department Use Only

HT-206 (R. 12-86)